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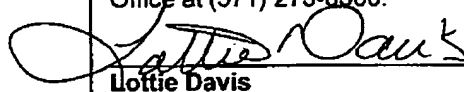
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/620,943 Confirmation No. 4054  
Applicant : KELLER, Robert  
Filed : 07/21/2000  
TC/A.U : 2882  
Examiner : Kao, Chih Cheng G.  
Docket No. : TI-30714  
Customer No. : 23494  
For : OPTICAL WIRELESS LINK

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following papers are being transmitted by facsimile to the U.S. Patent and Trademark Office at (571) 273-8300.

 11-23-2005  
Lottie Davis Date

**FACSIMILE COVER SHEET**

<input checked="" type="checkbox"/> <b>FACSIMILE COVER SHEET</b>	<input checked="" type="checkbox"/> <b>AMENDMENT 1.111 &amp; Trans. (10)</b>
<input type="checkbox"/> <b>NEW APPLICATION</b>	<input type="checkbox"/> <b>EOT</b> _____
<input type="checkbox"/> <b>DECLARATION</b>	<input type="checkbox"/> <b>NOTICE OF APPEAL</b>
<input type="checkbox"/> <b>ASSIGNMENT</b>	<input type="checkbox"/> <b>APPEAL</b> _____
<input type="checkbox"/> <b>Recordation Form</b>	
<input type="checkbox"/> <b>FORMAL DRAWINGS</b>	
<input type="checkbox"/> <b>INFORMAL DRAWINGS</b>	
<input type="checkbox"/> <b>CONTINUATION APP'N</b>	

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Texas Instruments Incorporated  
PO Box 655474, M/S 3999  
Dallas, TX 75074

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AMENDMENT UNDER 35 C.F.R. 1.111  
 TRANSMITTAL FORM

## Mail Stop Amendment

P. O. Box 1450

Commissioner for Patents

Alexandria, VA 22313-1450

## MAILING CERTIFICATE UNDER 37 C.F.R. § 1.8(A)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MAIL STOP AF, Commissioner for Patents, P. O. Box 1450, Alexandria, A 22313-1450 or via facsimile transmission number: (571) 273-8800.

*Lottie Davis*  
 Lottie Davis

11-23-2005  
 Date

Sir:

1. Transmitted herewith is an amendment for this application.

## STATUS

2. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant is other than a small entity.

- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

	Extension (months)	Fee for other than small entity
<input type="checkbox"/>	one month	\$ 120.00
<input type="checkbox"/>	two months	\$ 330.00
<input type="checkbox"/>	three months	\$ 570.00

Fee \$ 0.00

If an additional extension of time is required please consider this a petition therefore.

Serial Number 09/620,943

Page 1 of 2

☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefore of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

☐ Extension fee due with this request \$ \_\_\_\_\_

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	16	Minus	20	= 0	x \$18 =	\$ 0
Independent Claims	2	Minus	3	= 0	x \$200 =	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMOUNT						\$ 0

(c) ☒ No additional fee for claims is required.


OR

(d) ☐ Total additional fee for claims required \$ 0.00

#### FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,  
Texas Instruments Incorporated

By   
William B. Kempler  
Senior Corporate Patent Counsel  
Reg. No. 28,228  
(972) 917-5452

NOV 23 2005

TI-30714

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*Lottie Davis*  
Lottie Davis

*11-23-2005*  
Date

Dear Sir:

In response to the Office Action of August 23, 2005, please amend the above-identified application as follows:

Amendments to the Claims begin on Page 2 of this paper.

Remarks begin on Page 4 of this paper.